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ABSTRACT

A number of factors make continuing education in the allied health professions a unique category of adult education. The mandatory nature of continuing allied health education violates two of the basic tenets of adult learning theory--that adults voluntarily participate in learning to satisfy personal needs and that adults are generally not comfortable in a structured atmosphere. In addition to being flexible, however, the adult educator providing continuing allied health education must thoroughly understand the educational needs of allied health personnel. The educational goals may be influenced by organizations with an interest in the educational achievement of allied health personnel. Characteristics of allied health personnel make them atypical adult learners. Common personality types include the "lifer," the transient, ex-military personnel, individuals whose licenses are expiring and who need additional continuing education units quickly, and individuals sent by their supervisors. Various educational settings--the hospital, meetings of professional organizations, and public seminars--have advantages and disadvantages. Some innovative and some effective traditional educational techniques that enhance learning experiences are the workshop or seminar, skills training conducted by staff members, educational television and films, computer-assisted interactive video instruction, and simulations. (YLB)

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Mapping the Terrain of Continuing Allied Health Education

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ABSTRACT

This paper presents an overview of continuing education in the allied health professions. The objective was to examine the factors that make continuing allied health education an unique category of adult education. Discussed was the mandatory nature of continuing education in the allied health professions; and, a new philosophy and administrative approach was recommended to those working in this setting. Listed were the variety of educational needs existent in the health care setting along with situations and organizations that influence the educational goals of the health care professional. The characteristics of these professionals that make them atypical adult learners were given. Innovative facilitation techniques to increase the effectiveness of continuing allied health education were also given. The advantages and disadvantages of various educational settings were presented. It was concluded that many opportunities as well as challenges exist for the adult educator wishing to work with the allied health professions.

The time was 1972. Every day was bringing more rapid change to the allied health professions. Technologies were becoming more complex. Consumers began to express a concern over whether the skills of allied health professionals were up-to-date. The clamour grew for a monitoring system that would ensure that allied health professionals maintained at least a minumum level of technical competence. Public Law 92-603 was passed. The law itself simply mandated the establishment of Professional Standards Review Organizations (PSRO's). The byproduct of Public Law 92-603, however, was an increasing demand for continuing education for allied health professionals. The burgeoning of a new growth area in the field of adult education began.

As the years go by the demand for continuing education for allied health professionals continues to grow. New requirments for continuing education are being established daily. Opportunities abound for adult educators. However, adult educators who work with allied health professionals face an unique and distinctly difficult task. This paper presents an overview of continuing education in the allied health fields. Issues raised include: 1) The factors that make allied health an unique setting for adult education. 2) The educational needs of the health care professional. 3) The personality characteristics that make the health care professional an atypical adult learner. 4) The advantages and disadvantages of various educational settings. and 5) Techniques that can be used to best stimulate learning in the allied health setting.

ALLIED HEALTH: AN UNIQUE SETTING FOR ADULT EDUCATION

Adult educators working to provide continuing education for allied health professionals face a special challenge. This is due to a number of factors. First, the mandatory nature of continuing education in the allied health professions violates two of the most basic tenets of adult learning theory. Second, the educational needs of allied health professionals are complex and varied. And third, many health care professionals exhibit personal and role related characteristics that often inhibit the facilitation of learning.

Mandatory Education: A Different Philosophy

Historically, adult learning theory has developed around two central beliefs. The first is that adults voluntarily participate in learning experiences to satisfy personal needs. The second is that adults generally are neither comfortable in, nor desirous of, learning in a structured, school-like atmosphere (Cunningham, 1981). The psychological and methodological approaches most adult educators use when providing continuing education are based on these beliefs. However, adult educators must be aware that continuing education in the allied health professions is based on a different philosophical paradigm.

Continuing education in the allied health professions is mandatory. Institutional needs are seen as more important than individual needs. Structure is demanded by regulatory agencies that define acceptable instructional methodologies, number of hours of classroom instruction and qualifications for the certification of instructors. The burden of continuing

education in the allied health professions is to ensure a level of technical competence that meets specified standards. The above conditions are seen as reasonable in light of the objective. Adult educators who work in the allied health setting must be willing and able to adopt both a philosophy and an administrative approach that is appropriate to this reality.

Educational Needs: A Varied Lot

Flexibility is just one requirement of the adult educator providing continuing allied health education. A second requirement is a thorough understanding of the educational needs of allied health personnel. The needs are varied. Many of them are prescribed by organizations with an inherent interest in the educational achievement of allied health personnel. Others are suggested by situations. Some of the organizations and situations that influence the educational goals of allied health professionals are listed below.

The Joint Commission on Accreditation for Hospitals (JCAH) has a major impact on the educational goals of allied health professionals. The mission of the Joint Commission is to ensure the maintenance of minimum standards of care in hospitals nation-wide. A hospital can lose its accreditation if it fails to meet the standards of the Joint Commission. Therefore, the standards suggest appropriate educational objectives. For instance, the 1980 - 1981 Joint Commission Quality Assurance Standard generated a need for educational opportunities that define the standard and teach the development of performance standards. (Performance standards are one acceptable method

for demonstrating that the Quality Assurance Standard is being met.) A few years ago JCAH demanded that procedural manuals be developed to provide hospital personnel with a step-by-step reference guide to the completion of any task. At that point the over-riding educational need was for courses on the development of procedural manuals. The adult educator needs to be aware of current JCAH requirements.

Federal, state and local governments have a significant impact on the continuing education that is provided to allied health professionals. By defining quality care issues and training needs government bodies directly influence educational needs. By legislating policies and procedures for issues such as Medicare and third party insurance payments, issues related to health care, government bodies indirectly influence educational needs. A hospital comptroller must keep abreast of changes in the Medicare provisions or potentially lose hundreds of thousands of dollars in revenue annually. The adult educator needs to be aware of relevant federal, state and local issues that are currently affecting the allied health professions when s/he is designing curriculum.

From food service to pharmacy, each of the allied health professions is represented by its own professional organization and/or licensing board. This organization mandates the technical proficiency its members must have. Often times, technical proficiency is defined in terms of the number of continuing education units (CEU's) completed. Many of the organizations tie the completion of a specified number of CEU's to relicensing. Content, provider qualification and documentation requirements for the granting of

CEU's differ from organization to organization. The adult educator should clear these requirements with the individual organizations.

The characteristics of individual hospitals also affect the educational needs of allied health professionals. Personnel who work for a hospital with a recognized specialty require a more advanced technical education than personnel who work for a general hospital. A medical/surgical unit in a rural hospital must often be prepared to treat a broader range of cases than a similar unit in an urban institution. The size of the hospital is a related factor in determining its employees' educational needs. Here again, the adult educator must take the special needs of the specific hospital into account when providing continuing education to allied health personnel.

Educational needs that are general to the health care setting also exist. One of the most common is the need for communication training. Communication problems abound in the hospital setting. The existence of status hierarchies and the use of jargon amongst employees are two factors that contribute to poor communication. Having to work with people that are sick and afraid further complicates matters. Doctor/nurse, patient/care-giver and nursing/ancillary staff relationships are typically strained. Educational opportunities that help allied health professionals overcome communication or similar problems are essential.

Finally, it is still necessary to assess the educational needs of individuals. Some allied health personnel fail to meet minimum competency levels. Other allied health personnel exceed job standards but are interested in having the opportunity to face new and different challenges. Educational

opportunities must be designed to meet the wide variety of individual needs present in the health care setting.

In designing educational opportunities to fit educational needs the adult educator should also consider learner expectations. In terms of content, the allied health professional expects to hear "bottom line" information presented in the language (jargon) of the hospital. Theory that is presented without practical application "how to's" is perceived as generally meaningless. In terms of administrative concerns, allied health professionals expect some consideration for those who work other than the day shift. Providing continuing education only during the day prevents a large number of persons who desire educational opportunities from receiving them. The adult educator that meets the above expectations will be sincerely appreciated by persons in the allied health professions.

The Health Care Professional: An Atypical Adult Learner Profile

To attempt a single profile of the allied health professional would be impossible. Unskilled workers, skilled technical personnel and highly educated, skilled professionals work together to meet the needs of the health care setting. Part of the challenge of working with allied health professionals is the diversity of backgrounds and skills each brings to the learning situation. However, some generalizations can be made about the personality types an adult educator is likely to encounter when working in the health care setting.

A distinctive personality type one might expect to encounter is the "lifer." "Lifers" are individuals who have worked at the same institution

for many, often more than twenty, years. These individuals have seen changes come and go. Many of them have adopted the attitude that they have made their last change. Whatever has been working up to now will just have to continue to work. This kind of attitude can destroy a continuing education progra. The challenge to the adult educator is clear.

A second common personality type, found particularly in large, metropolitan areas, is the transient. The pay structure and work schedule of most hospitals encourages many to periodically change hospitals as a means of increasing their salary or working a better shift. Also, many allied health professionals are married to military or corporate personnel and they move regularly when their spouses are transferred. Transients can negatively affect continuing education efforts if they have "short timers" attitudes. Such individuals must be motivated to grow and change even if they do not see themselves using the new information and/or techniques in the near future.

A third personality type is represented by many of the ex-military personnel working in the health care setting. These individuals are used to a regimented, hierarchy-centered life. Many are highly uncomfortable in a traditional adult education setting where the learner is responsible for his/her own education.

The individuals whose licenses are expiring and who need additional CEU's quickly, typify a fourth personality type. These are generally individuals who resent having to attend continuing education programs, or they would not have waited to the last moment. The programs they enroll in are often chosen more for the programs' proximity to licensing deadlines than because of any

personal interest in the topic. Further resentment is generated if these individuals have to pay the tuition for the programs themselves. Motivation is almost impossible if these individuals are already at the top of their pay scale or if they do not see the additional education serving as an avenue to promotion.

A final personality type is exemplified by those persons who were sent for continuing education by their supervisors. These individuals do not concentrate on the program's content. They spend the time worrying about why their boss sent them or thinking that their boss has a problem and should be the one in attendance instead.

There are individuals working in the allied health professions that voluntarily attend every continuing education program they can. However, it should be clear that the mandatory aspect of continuing allied health education has resulted in the emergence of a different type of program participant than has been seen in continuing education in the past.

CONTINUING EDUCATION: MAKING IT WORK IN THE ALLIED HEALTH SETTING

Despite the fact that the mandatory nature of continuing education in the allied health professions goes against traditional adult learning theory and results in several non-motivated, perhaps even antagonistic participants, there is still much good that can be accomplished in the setting. This section presents specific information to consider when designing continuing education programs for allied health personnel. The advantages and disadvantages of choosing various educational settings are reviewed. And, a number of tra-

ditional techniques for providing continuing education to allied health personnel are offered with the addition of innovative twists.

A Choice Of Educational Settings: Good and Bad

Many settings are available for the provision of continuing education to allied health professionals. Each setting has its advantages and its disadvantages. The two basic educational settings are the hospital and places outside of the hospital.

Programs offered at the hospital might be limited to a single work unit, a number of related work units, a specified level of employee (e.g. all supervisors or all department heads) or they might be open to any interested employees. The advantages to presenting continuing education programs in the hospital are many. The major advantage is that the people who work together and who, together, are responsible for implementing any new techniques or policies learn the information together. A second advantage is that sharing continuing education experiences builds cohesion. The accessibility of all personnel to their work stations is a further advantage for a hospital running short staffed, yet wishing to train a lot of employees at one time. This last factor can also be a disadvantage, however. Key personnel can be called away from the educational experience "on emergency" far too easily. The advantage of having everyone hear the same information is then lost. One way to get around this problem is to present the program in a retreat setting, away from the hospital. A retreat setting allows for no interruptions and implies that the hospital is serious about the education it is providing. The expense is often prohibitive, unfortunately.

Whether the program is held in the hospital or in a retreat setting, there is one major disadvantage to a program designed for hospital employees only. The disadvantage is that some individuals will feel uncomfortable asking questions or speaking freely when supervisors or co-workers are present.

Programs designed to be presented outside the hospital eliminate the above problem. Three settings for education outside the hospital are common. They are meetings held by professional organizations, public seminars addressing strictly hospital related issues and public seminars addressing general management concerns. All three are generally held in hotels, restaurants or resorts.

Meetings of professional organizations are held locally, regionally and on a national scale. The purpose is to promote exchanges between people who share similar responsibilities. The ability to trade techniques, ideas, concerns and even failures is the major advantage of this kind of setting. No significant disadvantages appear in this kind of a setting. However, providing continuing education solely through professional organizations is not sufficient. The setting does not provide for interaction between various allied health professions. The health care setting requires team work. Continuing education must be geared, at least in part, to the entire team.

One approach to bringing together all members of the health care team to exchange ideas and to learn new techniques is the public seminar that addresses only hospital related concerns. In all but the technically oriented programs there is a healthy mix of lab technicians, medical records personnel, nurses and housekeepers. Everyone has an opportunity to learn the needs and

concerns of the departments each interacts with on a daily basis. Everyone speaks the same language and the information provided is clearly applicable. The disadvantage is that often only one or two members of any one hospital will attend a given public seminar. On returning to the hospital, seminar attendees find they lack the support to institute change because others have not heard what they have.

Probably the least effective setting for continuing allied health education is the general public seminar. Open to persons in banking, education and industry as well as health care, the take home value is sometimes limited. The concepts presented at these seminars are generally applicable to the health care setting. However, good information is sometimes disregarded if the examples and jargon used are foreign to the participants.

The settings presented above all presume a formal continuing education program. Informal settings such as a quiet area of the cafeteria for "brown bag discussions" or a patient's bedside for reviewing clinical assessment techniques are equally relevant and sometimes more appropriate.

The Provision Of Continuing Education: Some Time-Tested and Some Innovative Techniques

Despite the increasing structure imposed on continuing education for the allied health fields, some flexibility does remain for the creative adult educator who desires to provide innovative educational experiences. Examples of both innovative and traditional educational experiences are presented in this section of the paper.

The workshop or seminar is the most commonly used approach to providing continuing education in the allied health fields today (Sullivan, 1981). Just

as the workshop or seminar can be held in several different settings, it can be conducted under several different types of facilitators. Seminars are often conducted by a hospital's education department. The advantage of this is that the staff of that department knows the institution, its people and its problems. The disadvantages are two-fold. First, many hospital education departments are not staffed with trained trainers (Poppenhagen, 1981). Second, regardless of how knowledgeable and effective a trainer might be, "the prophet rarely hath value in his own land."

To get around the above problem an outside consultant can be brought in to conduct a seminar. There are excellent consultants who have a broad perspective and who are extremely knowledgeable about the health care setting. The disadvantage here is that an outside consultant often has insufficient information about a specific hospital to optimally meet that hospital's needs.

An alternative is to solicit training on a regular basis from one of the nonprofit training/resource centers that exist to meet the assessment and training needs of allied health personnel. These centers exist on the regional (e.g. The Hospital Council of Southern California), state (e.g. The Virginia Association for Continuing Education in the Health Professions) and national (e.g. The American Society of Allied Health Professions) levels. The advantages these centers offer are many. They have experienced trainers that understand the needs of allied health professionals. They have knowledge of the hospitals in the community(ies) and the various resources available. They have the capability of serving as a clearinghouse for ideas and new information. They also have the power to serve in an advocacy role.

A totally different approach often used when providing continuing education to allied health professionals is to have some staff members conduct skills training for other staff members. Certainly, the person doing a technical job on a daily basis knows it best - there could not be a more knowledgeable instructor. And, many allied health professionals find the chance to teach personally motivating. Yet, there is a potential disadvantage to staff teaching staff. If for any reason the peers of the one selected to teach feel jealousy or resentment toward that individual, no learning will take place. This problem can be circumvented. Try setting up an exchange policy with other hospitals whereby skilled personnel from one hospital teach at hospitals other than their own. Intra-staff conflicts are avoided, good technicians get the opportunity to teach and new ideas and techniques are exchanged from a variety of perspectives.

Educational television and films represent a third approach to providing continuing education. Traditionally, these mediums were limited because they did not allow for any interaction between the learner and facilitator. Today, if a television program is broadcast live the problem of one-way communication of information can be partially eliminated by relying on satellite communication and the use of telephone hook-up systems. Being tied to live television broadcasts is still quite restrictive, however. Computer assisted interactive video instruction allows for interaction without tying the learner to programs that are broadcast live.

Computer assisted interactive video instruction is a technique by which a computer is hooked up to a video recorder, film or slide projector.

Relatively simple programming will tell the computer to stop the recorder or projector and request imput from the learner. For instance, after a highly technical segment of content the computer might stop the presentation to ask the learner if s/he would like to see a portion of the material again. Based on the learner's response the computer will take the film back to the requested material or will start the film forward from the present position. A second capability is to provide a quiz on the computer. After scoring the learner's responses the computer can be programmed to automatically re-show segments of the film that deal with content the learner has not mastered. These are just two ways computer assisted interactive video instruction can be used.

A technique used in most hospitals today is simulations. Codes and disasters are often simulated to drill health care personnel on procedural formats. Meyer (1980) reminds us that people thrive on novelty and competition. She also reminds us that the simulation format requires people to go beyond the recall process to think and act. Creating simulations for other frequently occuring situations in the health care setting would greatly enhance the continuing education process.

Another option to consider is encouraging individuals to publish articles as a means of expanding their knowledge. The research and write-up processes involved in publishing a paper can teach an individual a great deal.

Certainly, other techniques serve to provide effective continuing education experiences. The essential characteristic of any continuing education opportunity is that it is meaningful for the participant. Hospitals should begin to do individual needs assessments and career path counseling

for its employees. If employees felt that the education they were receiving would directly benefit them in a tangible manner there might be less resistance to the mandatory nature of continuing allied health education.

SUMMARY

The growing need for continuing education in the allied health professions has provided adult educators with an unique opportunity to broaden their market. However, it has also provided a tremendous challenge. The mandatory nature of continuing education in the allied health professions is philosophically anathema to most adult educators. The widely divergent educational needs are demanding. The number of non-voluntary adult learners lends new meaning to the word motivation. Yet, the challenge can be met.

A large number of educational settings both in and outside of the hospital are available to enhance learning experiences. Many techniques are available for providing innovative learning opportunities. A new twist on an old idea is often all that is required. Creativity and sensitivity to learner needs are the key.

Working with the allied health professional can be an extremely rewarding experience for the adult educator that is interested in adjusting to the unique system.

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